

OHIO DEPARTMENT OF HEALTH

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www.odh.ohio.gov



BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

September 23, 2005

To Whom It May Concern:

Effective October 1, 2005, a fee increase in the amount of \$1.50 will go into effect for all certified copies of Birth and Death Certificates issued throughout the state. The cost for a certified copy will be \$16.50. This has been mandated through Amended Substitute House Bill 66 of the Ohio State Legislature and creates Section 3705.242 of the Ohio Revised Code which reads as follows:

Sec. 3705.242. (A)(1) The director of health, a person authorized by the director, a local commissioner of health, or a local registrar of vital statistics shall charge and collect a fee of one dollar and fifty cents for each certified copy of a birth record, each certification of birth, and each copy of a death record. The fee is in addition to the fee imposed by section 3705.24 or any other section of the Revised Code. A local commissioner of health or local registrar of vital statistics may retain an amount of each additional fee collected, not to exceed three per cent of the amount of the additional fee, to be used for costs directly related to the collection of the fee and the forwarding of the fee to the treasurer of state.

(2) On the filing of a divorce decree under section 3105.10 or a decree of dissolution under section 3105.65 of the Revised Code, a court of common pleas shall charge and collect a fee of five dollars and fifty cents. The fee is in addition to any other court costs or fees. The county clerk of courts may retain an amount of each additional fee collected, not to exceed three per cent of the amount of the additional fee, to be used for costs directly related to the collection of the fee and the forwarding of the fee to the treasurer of state.

(B) The additional fees collected, but not retained, under this section during each month shall be forwarded not later than the tenth day of the immediately following month to the treasurer of state, who shall deposit the fees in the state treasury to the credit of the family violence prevention fund, which is hereby created. A person or government entity that fails to forward the fees in a timely manner, as determined by the treasurer of state, shall forward to the treasurer of state, in addition to the fees, a penalty equal to ten per cent of the fees.

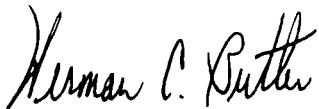


The treasurer of state shall invest the moneys in the fund. All earnings resulting from investment of the fund shall be credited to the fund, except that actual administration costs incurred by the treasurer of state in administering the fund may be deducted from the earnings resulting from investments. The amount that may be deducted shall not exceed three per cent of the total amount of fees credited to the fund in each fiscal year. The balance of the investment earnings shall be credited to the fund.

(C) The director of public safety shall use money credited to the fund to provide grants to family violence shelters in Ohio.

Should you have any questions relative to this fee increase, please contact our customer service representative at (614)466-2581.

Sincerely,

A handwritten signature in black ink that reads "Herman C. Butler". The signature is written in a cursive style with a large initial "H" and "B".

Herman C. Butler
State Registrar
Office of Vital Statistics

Ohio Department of Health • Office of Vital Statistics

Application for Certified Copies

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth | \$16.50 per certificate | <input type="checkbox"/> Check |
| <input type="checkbox"/> Death | \$16.50 per certificate | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Fetal death | \$16.50 per certificate | <input type="checkbox"/> Cash (Walk-in only) |
| <input type="checkbox"/> Stillbirth | (free to birth parents only for births occurring after July 1, 2003) | |
| <input type="checkbox"/> Paternity affidavit | \$7.00 per affidavit | |
| <input type="checkbox"/> Searching fee | \$3.00 per 10 years | |

Do not write in this space
AFS number
Volume number.
Certificate number

<input type="checkbox"/> Birth <input type="checkbox"/> Stillbirth <input type="checkbox"/> Paternity aff.	Name at birth <hr/> Date of birth Place of birth (City/County in Ohio) <hr/> Full maiden name of mother <hr/> Full name of father <hr/> CPR stamp number (Paternity only) <hr/>
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<input type="checkbox"/> Death <input type="checkbox"/> Fetal death	Name of deceased <hr/> Date of death Place of death <i>City/County in Ohio</i> <hr/> Full maiden name of mother <hr/> Full name of father <hr/>
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Record search <input type="checkbox"/> Marriage <input type="checkbox"/> Divorced	Full name of husband <hr/> Full maiden name of wife <hr/> Marriage—date Place <i>City/County in Ohio</i> <hr/> Divorce—date Place <i>City/County in Ohio</i> <hr/> List years needing searched <hr/>
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Important

Enclose check or money order. Each request must have the required fee and must be made payable to "TREASURER, STATE OF OHIO". Overpayment fee of \$2.00 or less will not be refunded.

Signature of applicant

Please type or print clearly in the box below. Indicate the address you wish to have your request mailed to:

Name		
Address		
City	State	ZIP

Send completed application with the fee to:
 Ohio Department of Health
 Office of Vital Statistics
 246 North High Street, 1st floor, Revenue Room
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531